PART B - FEE(S) TRANSMITTAI

	d this form, together v		or <u>Fa</u>	Commissioner f P.O. Box 1450 Alexandria, Vir <u>x</u> (571)-273-2885	or Patents ginia 22313-1450		
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Christian C. Michel Roylance, Abrams, Berdo & Goodman, L.L.P. Suite 600 1300 19th Street, N.W. SEP 2 7 2006				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimila transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Washington DC 20026				(Depositor's name)			
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APPLICATION NO. FILING DATE FIRST NAMED INVEN				ENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.	
10/679,380	10/07/2003		Bong-Joo K		ATTORNEY DOCKET NO. 45745	4254	
TLE OF INVENTION: POLE BASE ASSEMBLY DRIVING DEVICE FOR TAPE RECORDER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/28/2006	
EXAM	ART UNIT		CLASS-SUBCLASS]	•		
TUPPER, ROBERT S 2627 360-085000							
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 00000168 10679380							
Samsung Electronic Co., Ltd 01 F& MY MONTH Signal Control Co., Ltd 01 F& MY MONTH Signal Control Co., Ltd 01 F& MY MONTH Signal Control Co., Ltd 02 F& MY MONTH Signal Control Co., Ltd 03 F& MY MY MONTH Signal Control Co., Ltd 04 F& MY							
ease check the appropriate assignee category or categories (will not be printed on the patent): OF EC: 1504 300.09 OP Individual Corporation or other private group entity Government							
The following fee(s) are e	enclosed:		ayment of Fee(s)				
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Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number18-2220 (enclose an extra copy of this form).							
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